

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Monttani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95578 (3)

1. Corporation Name

BEST BUSINESS SYSTEMS, INC.



Principal Place of Business

% CARLOS L. LAO
3383 NW 7TH STREET, SUITE 200
MIAMI FL 33125

Mailing Address

% CARLOS L. LAO
3383 NW 7TH STREET, SUITE 200
MIAMI FL 33125

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified
09/01/1982

3a. Date of Last Report
04/10/1995

4. FEI Number
59-2227348

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAO, CARLOS L.
3383 NW 7TH STREET
MIAMI FL 33125

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Change of Registered Agent

Signature of Registered Agent or Change of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DIAZ, BLANCA
STREET ADDRESS 6635 S W 49 TERR
CITY-STATE-ZIP S MIAMI, FL 00000

TITLE VPTD ☐ DELETE
NAME DIAZ, JOHN
STREET ADDRESS 6635 S W 49 TERR
CITY-STATE-ZIP S MIAMI, FL 00000

TITLE DS ☐ DELETE
NAME LAO, CARLOS L
STREET ADDRESS 3383 N W 7TH ST #200
CITY-STATE-ZIP MIAMI, FL 00000

TITLE PD ☐ DELETE
NAME DIAZ, RODOLFO
STREET ADDRESS 6635 SW 49TH TERR
CITY-STATE-ZIP S MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN "12"

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee in power to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE:

Rodolfo Diaz
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 (305) 666-0118

CR2E034 (12/95)